## RECEIVED CENTRAL FAX CENTER

AUG 15 2005

Location:

## WGR Wilson Sonsini Goodrich & Rosati

Date: 8/15/2005 3:46:14 PM Use this fax Fax: 5712732885 To: FilingDesk number only Notify recipient Phone: Company: before sending Return Fax: (650) 493-6811 From: Altman, Jennifer Phone: Original: To follow via mail ☐ To follow via courier To follow via email Original will not follow Fax Contains: 2 pages (including this sheet). If incomplete, call [Insert your direct number]. Appln No. 10/659,010; Filed 09/10/03; Attorney Ref. 29912-703.401; Inventor: Mathis, et al. If incomplete, please call WSGR Fax Distribution Center at 650.565.7255.

Return Original to:

Palo Alto, CA • San Francisco, CA • Seattle, Washington • Austin, Texas Reston, VA • Salt Lake City, UT • New York, NY • San Diego, CA

This fax may contain confidential and privileged material for the sole use of the intended recipient. Any review or distribution by others is strictly prohibited.

If you are not the intended recipient please contact the sender and destroy all copies.

Entire Transmission Copyright © 2003 Wilson Sonsini Goodrich & Rosati. All Rights Reserved.

Ref:

## RECEIVED **CENTRAL FAX CENTER**

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

AUG 1 5 2005

| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if req appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence addressing the property of the p | pired). Blowill be m<br>s; and/or ( | ocks I throuseled to the (b) indicating | gh 5 shoul<br>current con<br>a separate | d be comp<br>respondence<br>: "FEE AD | leted we<br>address<br>DRESS | her<br>ss a<br>fo |
|--|-------------------------------------|---|---|---------------------------------------|------------------------------|-------------------|
| maintenance fee notifications.   |                                     |   |   |                                       |                              |                   |

| maintenance tee noodecador  | .S.  |   | and PUBLIC<br>d notification<br>fying a new o | ATION FEE (if recommended fees or respondence address   | mired). Blocks 1 through 5 will be mailed to the currents; and/or (b) indicating a se | should be completed where<br>nt correspondence address as<br>parate "FEE ADDRESS" for |  |  |  |  |
|---|--|---|---|---|---|---|--|--|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |  |   |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying   |   |   |  |  |  |  |
|   | 07.07.000  |   |   | nonett Pach Minimo  | nal paper, such as an assignmate of mailing or transmission                           | ICIN OF TOTAL GRAWING INCOL   |  |  |  |  |
|   | 90 . 07/27/2005  |   |   | ~   | antificate of Mailing or Trai   | nemittian   |  |  |  |  |
| JAMES R. SHAY WISON SONSINI GOODRICH AND ROSATI 650 PAGE MILL ROAD  |  |   | :   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |   |  |  |  |  |
|   |  |   | 10659010                                      |   |   |   |  |  |  |  |
| •   |  | 700.00 DA   | Jennier Autian - Via Pacsimile                |   |   | (Depositor's name)  |  |  |  |  |
|   |  | 100.00 DA   |   |   |   | (Date)  |  |  |  |  |
|   | 03 FC:8001   | 30.00 DA  |   | August 15, 2005   |   |   |  |  |  |  |
| APPLICATION NO:   | FILING DATE  | FIRST N.  | AMED INVENT                                   | OR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |  |  |  |  |
| 10/659,010  | 09/10/2003   | Ma  | ark L. Mathis                                 | 1931-4-5  |   | 3496  |  |  |  |  |
| TITLE OF INVENTION: M   | IITRAL VALVE THERAP  | Y ASSEMBLY AND MET  | HOD   |   | •   |   |  |  |  |  |
|   | •  |   |   |   |   | •   |  |  |  |  |
|   |  |   |   |   |   |   |  |  |  |  |
| APPLN. TYPE   | SMALL ENTITY   | issue fee   | PU  | BUCATION FEE  | TOTAL FEE(S) DUE  | DATE DUE  |  |  |  |  |
| nonprovisional  | YES  | \$700   | •   | \$300   | \$1000  | 10/27/2005  |  |  |  |  |
| , PVA   | INER   | ART UNIT  |   | ASS-SUBCLASS  | ٦   |   |  |  |  |  |
|   |  |   |   | 623-002360  | J ,   |   |  |  |  |  |
| STEWAR  | r, alvin j   | 3738  |   | 623-02300   | ·   |   |  |  |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or ugents OR, alternatively, Address form PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or ugents OR, alternatively, (2) the name of a single firm (having as a member a   |  |   |   |   |   |   |  |  |  |  |
| "Fee Address" indica<br>PTO/SB/47; Rev 03-02<br>Number is required.   | cetion form regi<br>ie of a Customer 2 re<br>liste   | 2 due frame of a single fulli (leaving us a frequency or agent) and the names of up to 2 registered attorneys or agents. If no name is 3 listed, no name will be printed. |   |   |   |   |  |  |  |  |
| 3. ASSIGNEE NAME AND  | RESIDENCE DATA TO  | BE PRINTED ON THE PA  | ATENT (print                                  | or type)  |   |   |  |  |  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.   |  |   |   |   |   |   |  |  |  |  |
| (A) NAME OF ASSIGNEE (B) RESI   |  |   |   | RESIDENCE: (CITY and STATE OR COUNTRY)  |   |   |  |  |  |  |
| Cardiac Dimension   | ns, Inc.   | Kirk  | land, Washin                                  | gton  |   |   |  |  |  |  |
| Please check the appropriat   | te assignee category or category   |   |   | ☐ Individual ☑  | Corporation or other private  | group entity Government   |  |  |  |  |
| 4a. The following fee(s) are  | e enclosed:  |   | nent of Fee(s):                               |   |   | •   |  |  |  |  |
| Issue Fee   | A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.   |   |   |   |   |   |  |  |  |  |
|   |  |   |   | is hereby authorized by charge the required fee(s), or credit any overpayment, to   |   |   |  |  |  |  |
| Advance Order - # o   | t Copies 10  | Depo  | sit Account N                                 | mber <u>23-2</u>  | 415 (enclose an extr  | a copy of this form).   |  |  |  |  |
| 5. Change in Entity Status (from status indicated above)  \[ \begin{align*}             1.27  |  |   |   |   |   |   |  |  |  |  |
| The Director of the USPTO<br>NOTE: The Issue Fcc and<br>interest as shown by the re   | ) is requested to apply the land to apply the la | ssue Fee and Publication Fe<br>) will not be accepted from<br>atent and Trademark Office  | ee (if any) or to<br>anyone other<br>c.       | o re-apply any previous<br>than the applicant; a  | usly paid issue fee to the appli<br>registered attorney or agent; o                   | cation identified above. r the assignee or other party in                             |  |  |  |  |
| Authorized Signature Mays   |  |   |   | Date August 15, 2005  |   |   |  |  |  |  |
| Typed or printed name Maya Skubatch Registration No. 52,505   |  |   |   |   |   |   |  |  |  |  |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. |  |   |   |   |   |   |  |  |  |  |